

Name  
in  
Full

Hennie F. Adkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

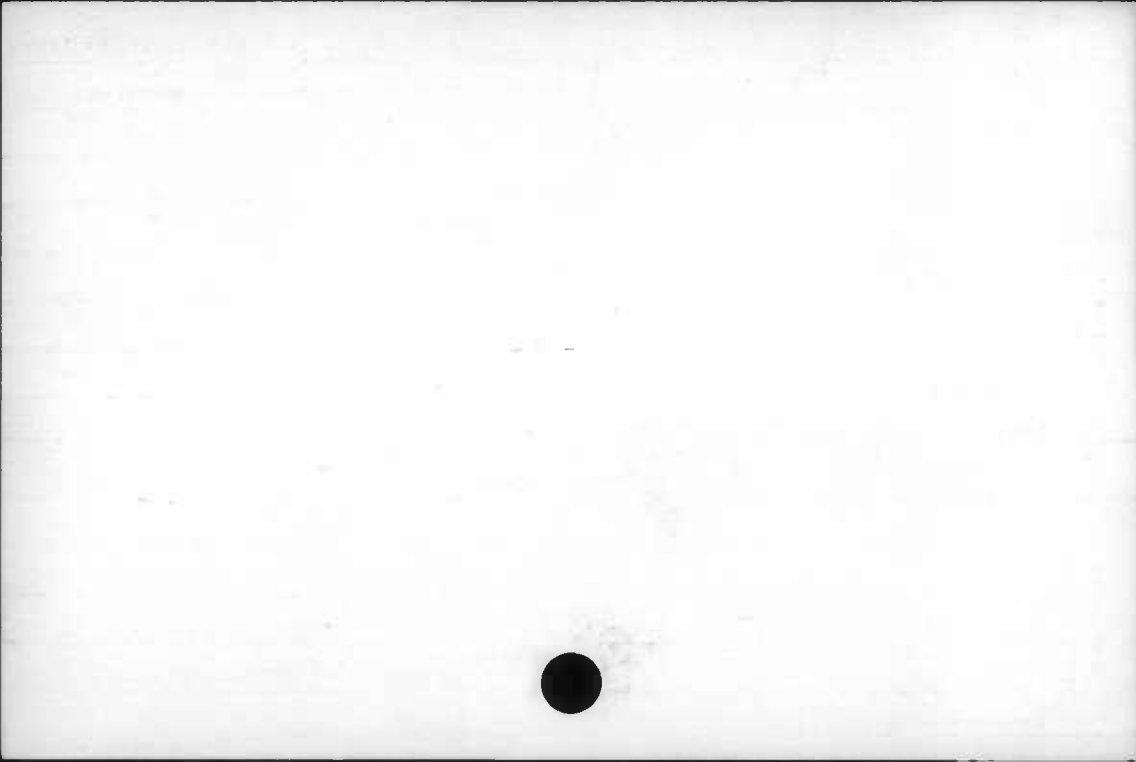
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov.	14 <sup>th</sup>	64	1		16
Sex		Color or Race		Birthplace			
Female		White		Near Whiton		Md.	
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Elijah S. Adkins					
Father's Name		Father's Birthplace					
Samuel H. Tilghman		Worcester Co. Md.					
Mother's Maiden Name		Mother's Birthplace					
Nettie A. Coulbourn		" " "					
Name of person giving Information		How related to deceased					
Fred. P. Adkins		Son					

## CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	Several years
Immediate	Uremia + Heart Failure	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. M. O'Connor M.D.	
		Address	
		Salisbury Md.	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

Priscilla A. Barnes

TO BE ANSWERED BY  
NEAREST FRIEND

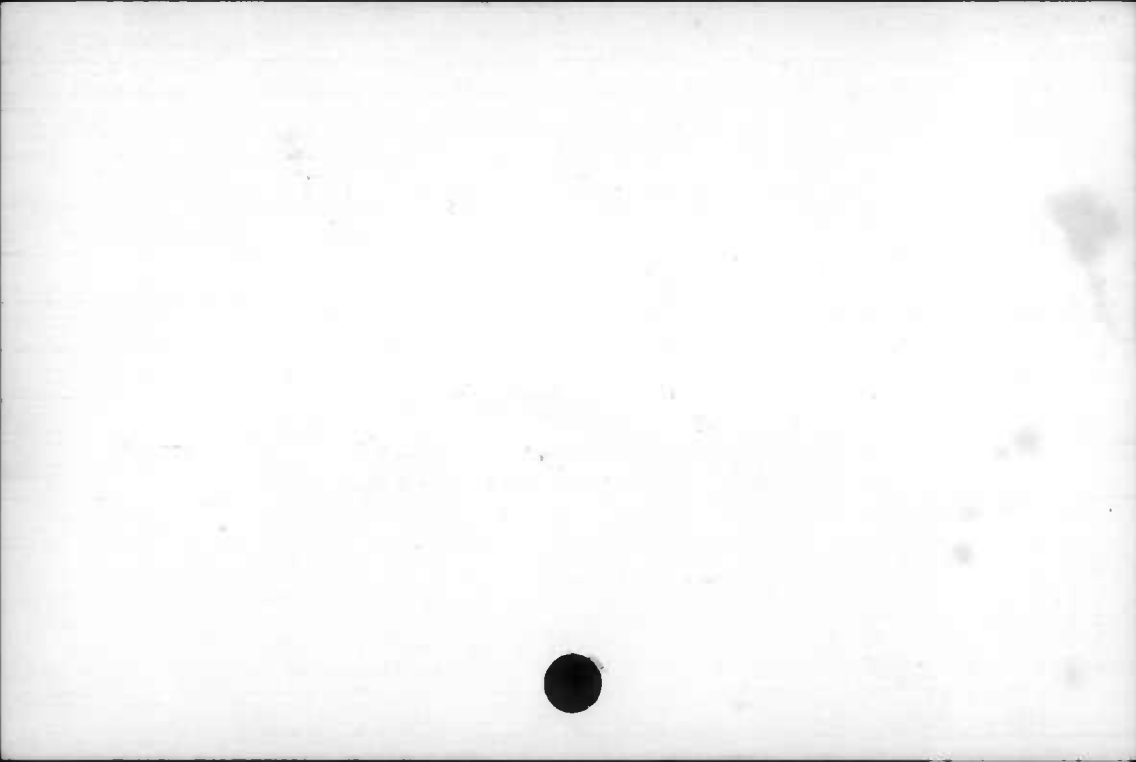
Died at		Town		County		MARYLAND	
Salisbury		Wicomico					
Date of death	1908	Month	Nov.	Day	10 <sup>th</sup>	Age	42
Sex		Color or Race		Birthplace		Months	Days
Female		White		Snow Hill Md.		7	6
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Widow		James A. Barnes					
Father's Name		Father's Birthplace				Mother's Birthplace	
Eli Clayville		Worcester Co. Md.				" " "	
Mother's Maiden Name		How related to deceased					
Mary Clayville		Niece					
Name of person giving Information							
Mrs. L. W. Dorman							

CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

Primary	Chronic intestinal nephritis	How long	2 years
Immediate	Pulmonary edema	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes I know		J. M. G. [Signature]	
Accident or Suicide		Address	
No		Salisbury Md.	



Name  
in  
Full

Eva May Cameron

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>Nov</u> <sup>Month</sup>	<u>9th</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>7</u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kingsland</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Salisbury Md</u>				
Marrled, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Joseph W Cameron</u>	Father's Birthplace <u>Trenton N.J.</u>				
Mother's Maiden Name <u>Rachel M Rittenhouse</u>	Mother's Birthplace <u>Mulford Bell</u>				
Name of person giving Information <u>Joseph M Cameron</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary

Inanition

How long

3 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. R. Truitt  
Salisbury MdAccident or Suicide —PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Sallie A. Cantwell

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death 1908

Month

Nov.

Day

12th

Age

Years

54

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Wicomico Co. Md.

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Samuel K. Cantwell

Father's  
Name

Sandy Malone

Father's  
Birthplace

Wicomico Co. Md.

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Not Known

Name of person giving  
Information

R. J. Cantwell

How related  
to deceased

Son

## CAUSES OF DEATH

120

Primary

Chronic disease Kidneys &amp; Brain Several months

Immediate

Inanition &amp; Diarrhea Several weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. M. Plemons

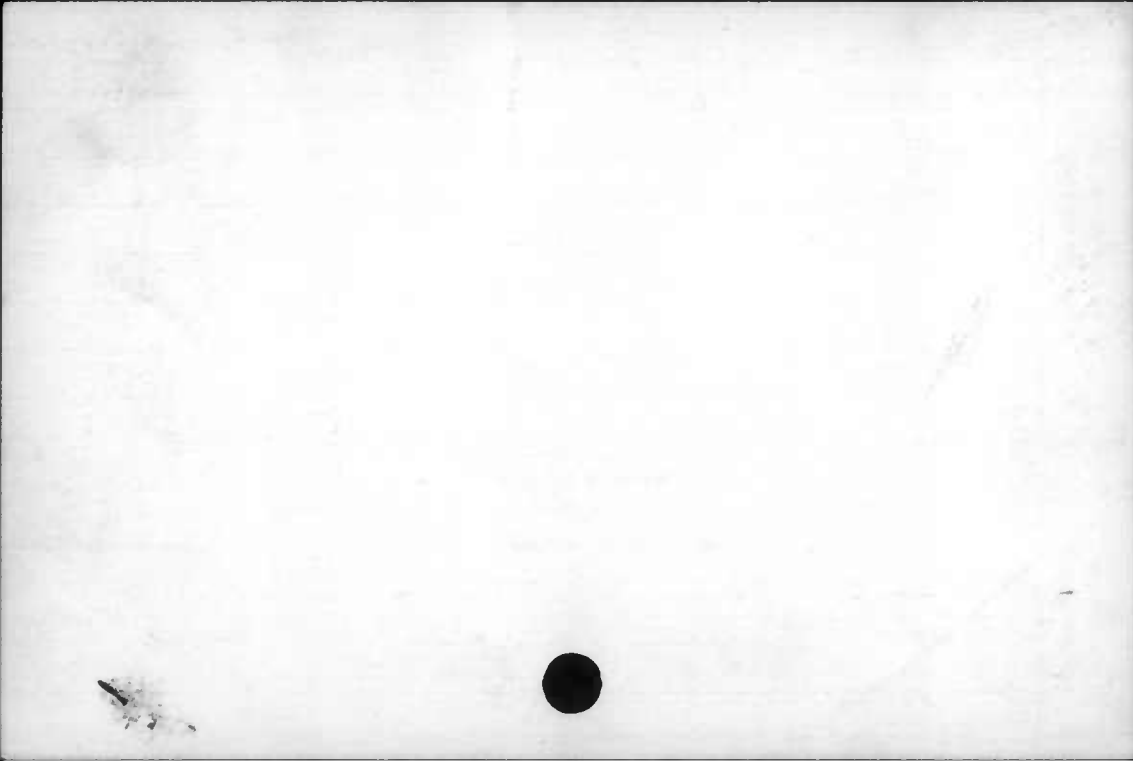
Address

As far as I know

Salisbury Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Philip Coulbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico **MARYLAND**

Date of death 190 8 Month Nov Day 25 Age 55 Months Days

Sex male Color or Race Black Birth-place Md

Occupation Farmer Where Residing if not at place of death near Westmore Md brief at Hospital

Married, Single or Widowed ~~Single~~ Name of Wife or Husband Hattie Coulbourn

Father's Name Boy not known

Father's Birthplace

Mother's Maiden Name Harriet Wandy

Mother's Birthplace

Name of person giving Information George Williams

How related to deceased Half Brother

## CAUSES OF DEATH

142

Primary Gangrene of both feet and legs. While gangrene & syphilis?

How long 1 year

Immediate Ex. Gangrene

How long 2 days

Are the name, age, sex, color, date and place correctly given above? as I know

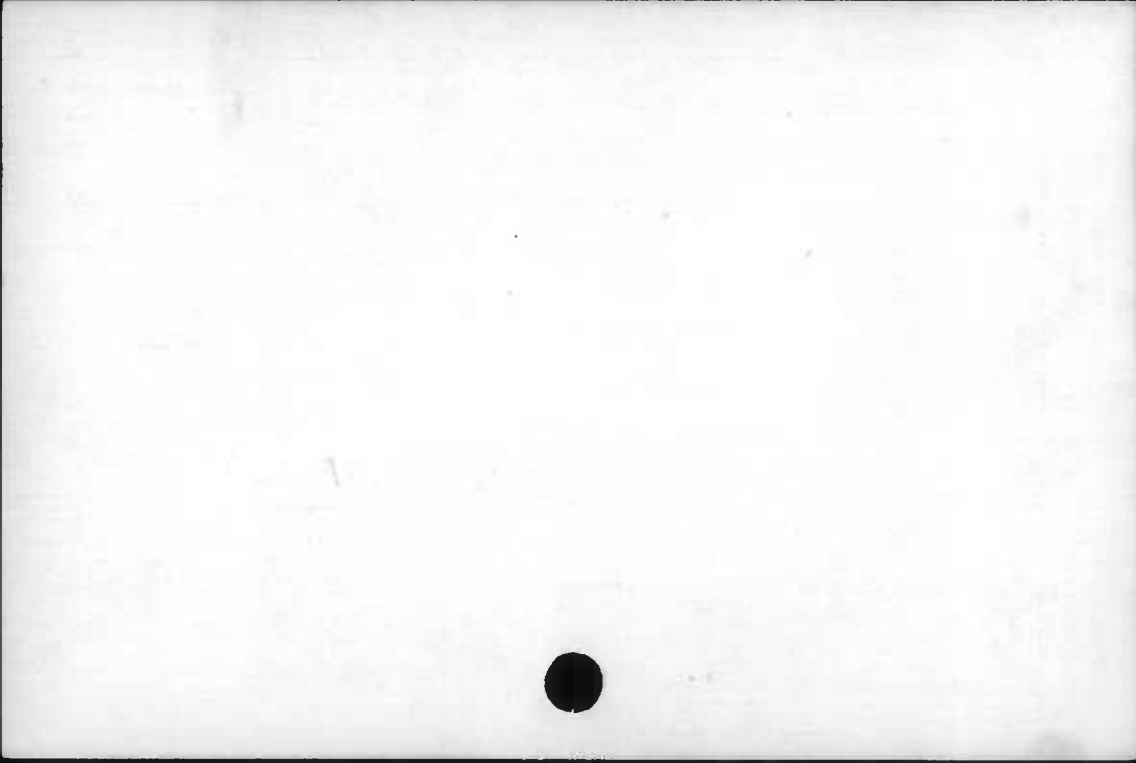
Signature of Physician

Address

Salisbury, Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

John O Washfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County MARYLAND

Date of death 190 8 Month Nov Day 6 Age 10 Years Months 1 Days 1

Sex male Color or Race Black Birth-place Md

Occupation School boy Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Albert Washfield Father's Birthplace Md

Mother's Maiden Name Hettie Gale Mother's Birthplace Md

Name of person giving Information Minnie Brinkbeard How related to deceased Sunt

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

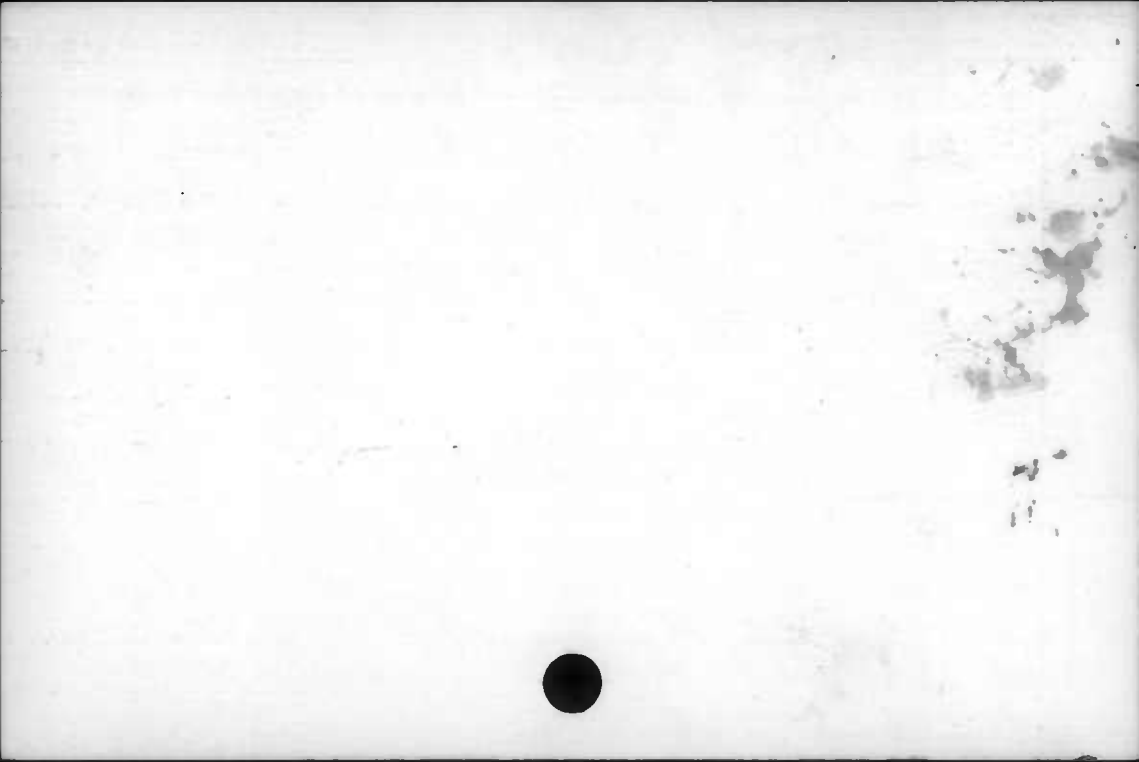
Primary Tuberculosis How long Don't know

Immediate General emaciation How long several weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Louis W. Quonin M.D. Address Salisbury Md.

Accident or Suicide



Name  
in  
Full

Steven W. Dobby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

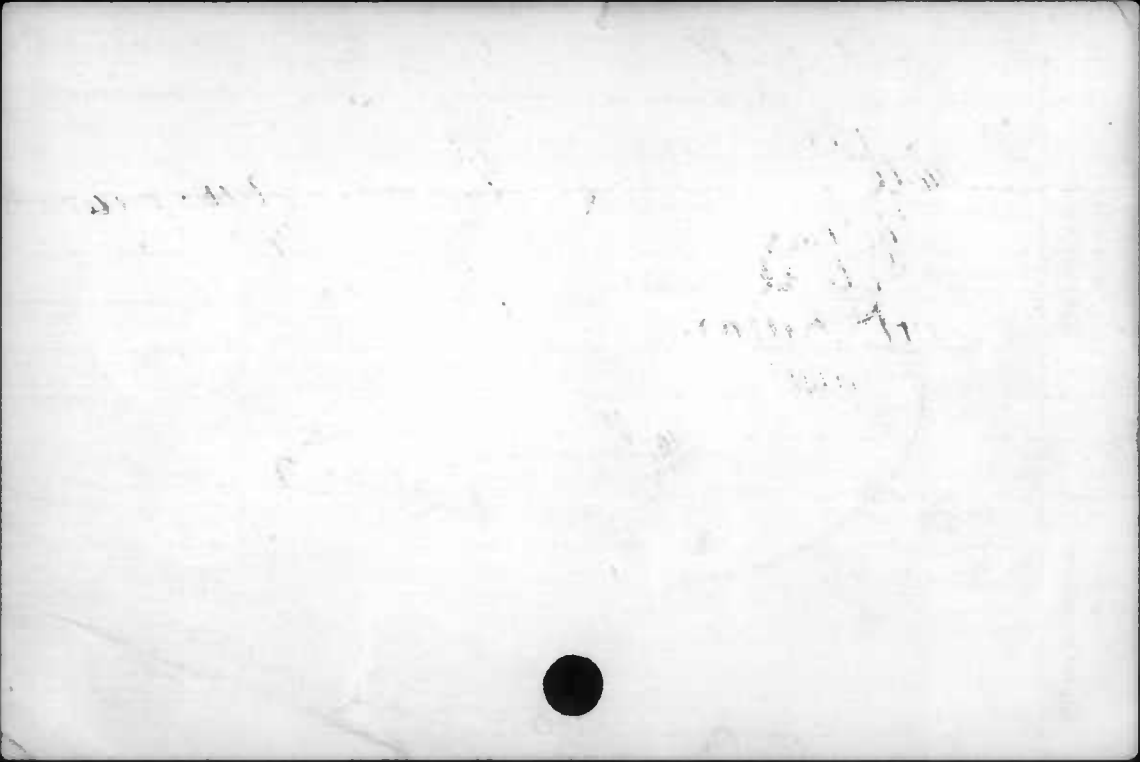
Died at	White Haven	County	Wicomico	MARYLAND	
Date of death	1908	Month	Nov	Day	10
		Age	78	Years	
Sex	male	Color or Race	White	Birth-place	Connecticut
Occupation	Farmer	Where Residing if not at place of death		White Haven	
Married, Single or Widowed	Married	Name of Wife or Husband	Henrietta Dobby		
Father's Name	Stephen Dobby	Father's Birthplace	Connecticut		
Mother's Maiden Name	Annie Lyons	Mother's Birthplace	Connecticut		
Name of person giving Information					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Hepatic trouble & typhoid	How long	5 years
Immediate	Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Rev. Raymond
		Address	White Haven Md.
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Ellis* County *Wicomico*

Died at *near Salisbury* Maryland

Date of death 190 *8* Month *Nov* Day *18* Age *36* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *MD*

Occupation *Waiter* Where Residing if not at place of death

~~Married, Single~~ Name of Wife or Huabend

Father's Name *William Ellis* Father's Birthplace *MD*

Mother's Maiden Name *Margaret Morris* Mother's Birthplace *MD*

Name of person giving Information *William Ellis* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

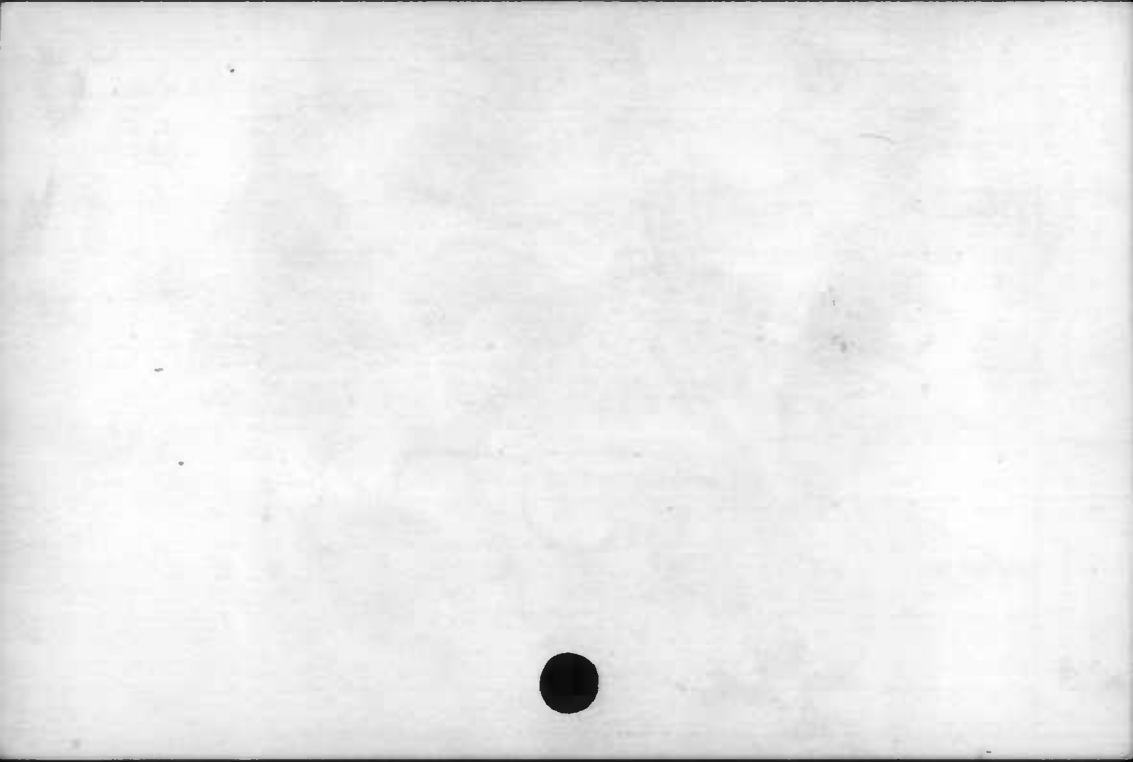
Primary *Bronchitis & great trouble* How long *3 1/2 weeks*

Immediate *Heart failure debility* How long *3 weeks*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Gardiner Shingler*

Address *Salisbury MD*

Accident or Suicide *No*





Name  
in  
Full

Sarah A Elzey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

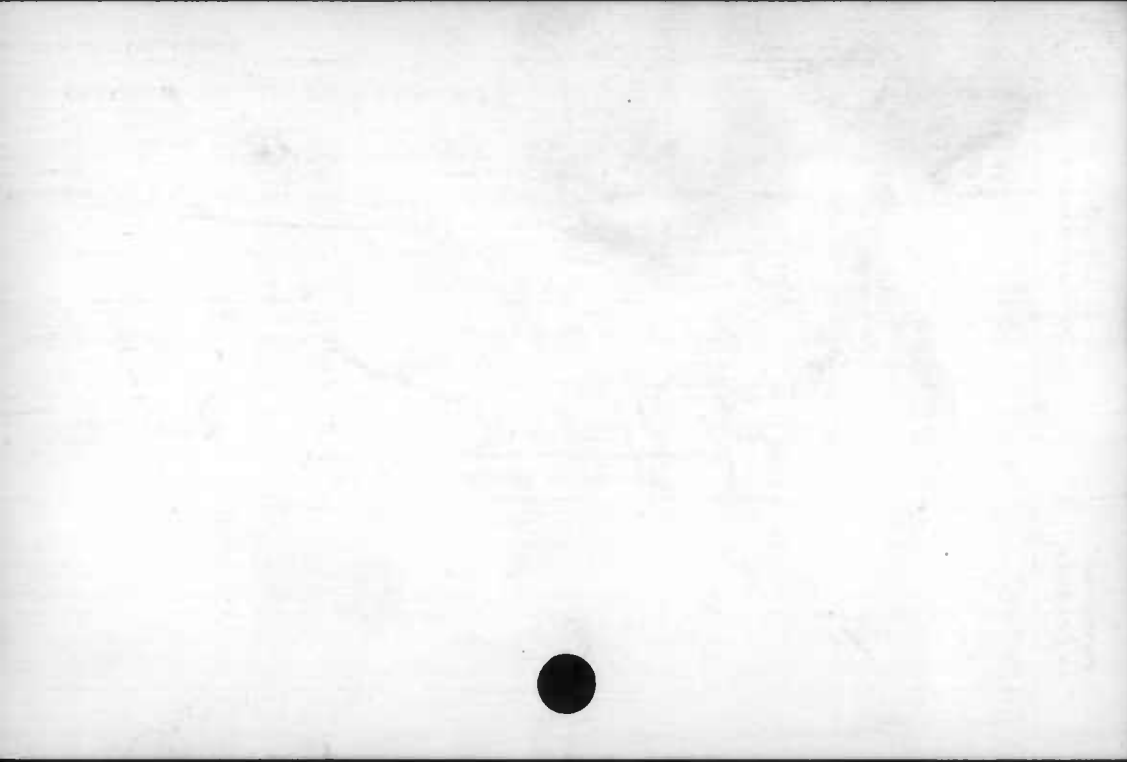
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov	29	80	10	16	
Sex		Color or Race		Birth-place			
Female		White		Near Sharptown			
Occupation				Where Residing If not at place of death			
Horse wife							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Robert M. L. Elzey					
Father's Name		Father's Birthplace					
John Robinson		Somerset Co					
Mother's Maiden Name		Mother's Birthplace					
Sallie Allan		"					
Name of person giving Information		How related to deceased					
Rube Hall		Daughter					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	La Grippe	How long	5 days
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm. H. Cassady	
		Address	
		Sharptown	
		Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James W. Guthrie* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Date of death *1908* Month *Nov.* Day *11<sup>th</sup>* Age *16* Months *6* Days *7*

Sex *Male* Color or Race *White* Birth-place *Salisbury*

Occupation *Schoolboy* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Charles H. Guthrie* Father's Birthplace *Maryland*

Mother's Maiden Name *Annie E. Farlow* Mother's Birthplace *"*

Name of person giving Information *Charles H. Guthrie* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Myocard degeneration* How long *2 years*

Immediate *Pulmonary edema* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. [illegible]*

*as I know* Address *Salisbury*

Accident or Suicide *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Portsmouth</i> <sup>Town</sup>		<i>Niangua</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	<i>Nov</i>	Day	26
Age	19	Years		Months	2
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Waterman</i>		Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elsie Horsemann</i>		
Father's Name	<i>Perry A. Horsemann</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Emily Horner</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Emily Horsemann</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Browning</i>	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>L. J. Waller &amp; Co Acting Coroner</i>
	Address <i>Festerville Md</i>
Accident or Suicide? <i>accident</i>	

UNDERTAKER &amp; EMBALMER.

10  
9 1/4  
8 1/2  
9 1/4  
9  
9  
9  
8 1/2

10  
4.  

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86 1/3

100  
93  
~~8~~  
83  
93  
90  
90  
90  
85-  
100  
40

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864

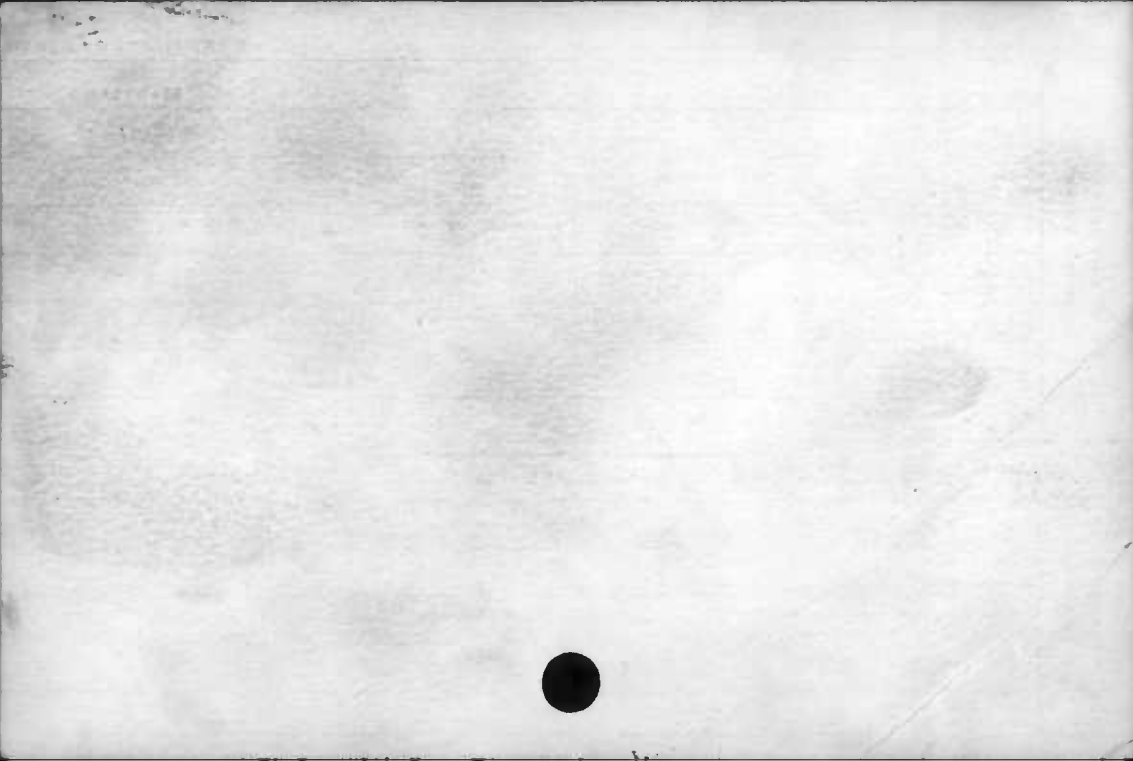
Name  
in  
Full191  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1908	Month	2200	Day	78
Age	58	Years		Months	
Sex	Male	Color or Race	White	Birth place	<i>Worcester Co., Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Worcester Co., Md.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Esther A. Lankford</i>		
Father's Name	<i>Joseph Lankford</i>		Father's Birthplace <i>Worcester Co., Md.</i>		
Mother's Maiden Name	<i>Elizabeth Fleming</i>		Mother's Birthplace <i>Worcester Co., Md.</i>		
Name of person giving Information	<i>Esther A. Lankford</i>		How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General tuberculosis</i>		How long	<i>7 years</i>
Immediate	<i>was Abscess</i>		How long	<i>1 month</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>J. D. Knorr</i>		
Address		<i>Calisbury Md</i>		
Accident or Suicide		<i>No</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Eva May Layfield

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death 1908

Month

Nov.

Day

17<sup>th</sup>

Years

Age 6

Months

6

Days

2

Sex

Female

Color or  
Race

White

Birth-  
place

Deals Island Md.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

John Layfield

Father's  
Birthplace

Salisbury Md.

Mother's  
Maiden Name

Nettie Webster

Mother's  
Birthplace

Deals Island Md.

Name of person giving  
Information

Mrs. Nettie Layfield

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 weeks

Immediate

Toxemia, Heart failure 2 or 3 days

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. M. Plemons M. D.

Address

Salisbury Md.

PHYSICIAN  
OR CORONER

Accident or Suicida



Name  
in  
Full

Sewern L. Majors

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at *ethol* Town *Hi'cornico* County **MARYLAND**

Date of death 190 *8* Month *Nov* Day *25* Age *29* Years Months *1* Days *21*

Sex *Male* Color or Race *white* Birth-place *Md.*

Occupation *Harmer* Where Raading if not at place of death *"*

Married, Single or Widowed *Married* Name of Wife or Husband *Essie F. Majors*

Father's Name *William Majors* Father's Birthplace *Md*

Mother's Maiden Nama *Hester E. Russell* Mother's Birthplace *"*

Name of parson giving Information *Wm G. Majors* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cuteric Fever* How long *3 weeks.*

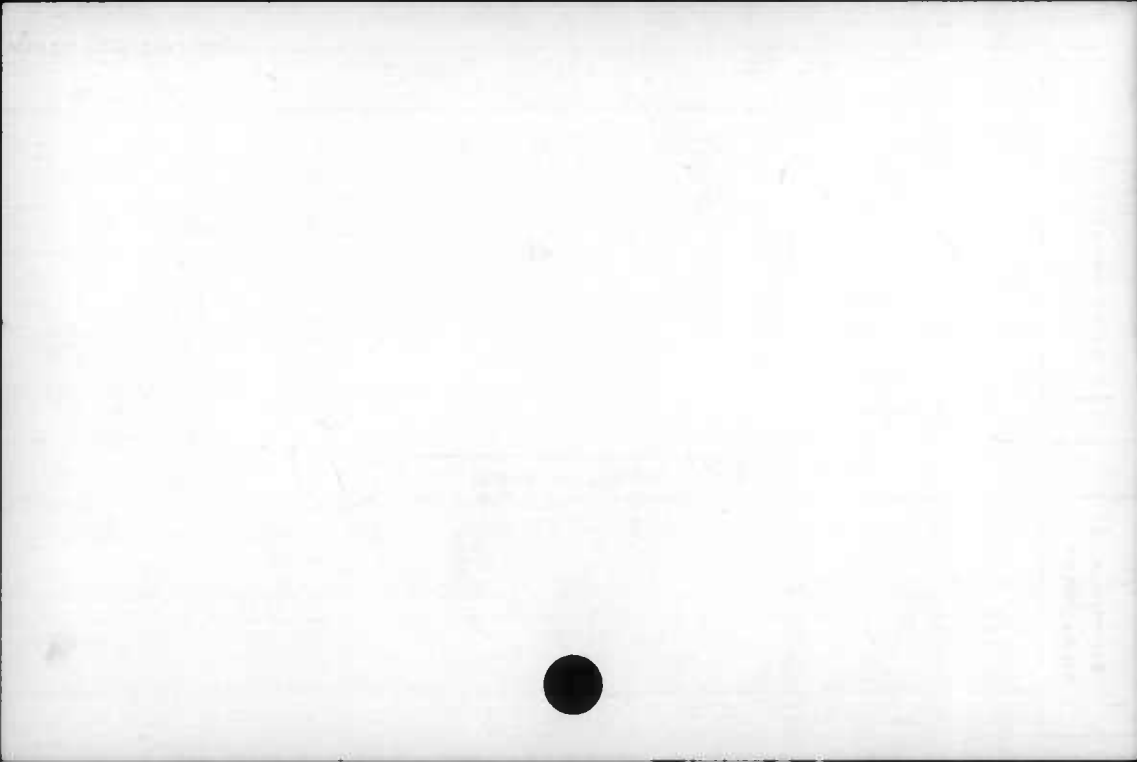
Immediat *Intestinal hemorrhage* How long *4 hours*

Are tha name, aga, sex, color, data and placa correctly givan above? *Yes*

Signature of Physician *John M. Ettridge*

Address *Mardela Spring, Md.*

Accident or Suicida



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Enoch J. Runtou* Town *Chaplowen* County *Wicomico* MARYLAND

Died at *Year* *1908* Month *Nov* Day *24* Age *65* Years Months *2* Days *1*

Date of death *1908* Sex *Male* Color or Race *Cold* Birth-place *Year Chaplowen*

Occupation *Farmer* Where Residing if not at place of death *Year Chaplowen*

Married, Single or Widowed *Single* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Richard Runtou* Father's Birthplace *Not known*

Mother's Maiden Name *Mary Jones* Mother's Birthplace *Wicomico*

Name of person giving Information *Richard Runtou* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

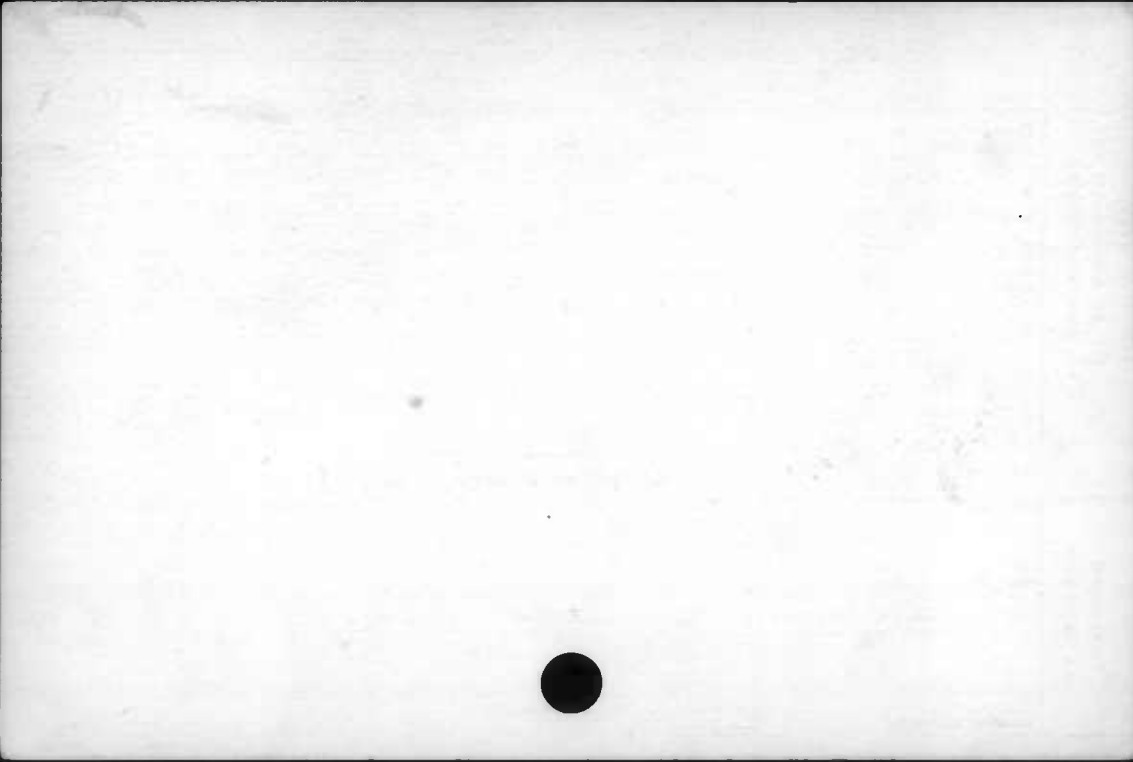
Primary *Pneumonia* How long *2 weeks*

Immediate *Heart failure* How long *60 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. W. Goodway*

Address *Chaplowen Md.*

Accident or Suicide



Name  
in  
Full

Willard A. Randall

## CERTIFICATE OF DEATH

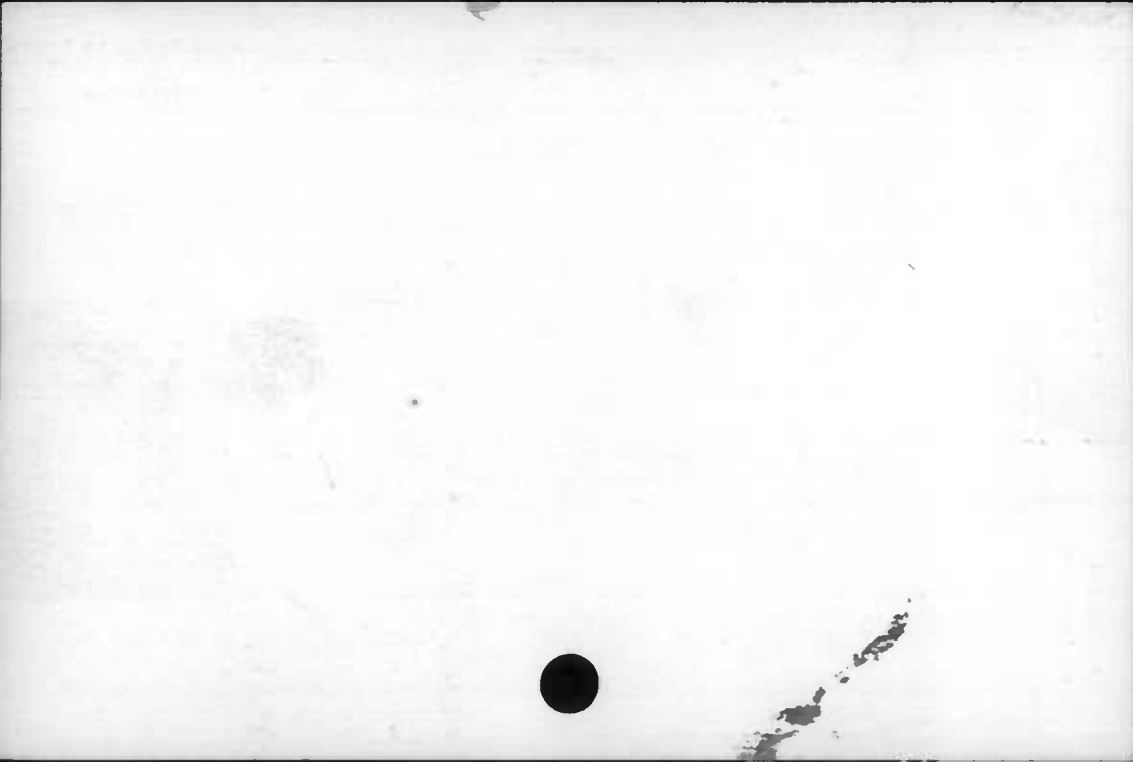
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury P. G. Hospital</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>1st</i>	Age <i>37</i>	Months <i>1</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Vermont</i>			
Occupation <i>Farmer</i>	Where Residing If not at place of death <i>Farmington Del.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lillie M. Randall</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Lillie M. Randall</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Exceedingly high temperature 7 or 8 days</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. [illegible]</i>
<i>as known</i>	Address <i>Salisbury Md</i>
Accident or Suicide <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shaptown</i>			County <i>Wicomico</i>			MARYLAND		
Date of death <i>1905</i>		Month <i>Nov</i>	Day <i>18</i>	Age <i>68</i>	Years <i>9</i>	Months <i>8</i>	Days <i>8</i>	
Sex <i>Male</i>			Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>			
Occupation <i>Merchant</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isadora J. Smith</i>						
Father's Name <i>Chas. J. Smith</i>		Father's Birthplace <i>Dorchester Co</i>						
Mother's Maiden Name <i>Arnetta Smoot</i>		Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Laura Simeon</i>		How related to deceased <i>Wife</i>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Chronic Tuberculosis</i>	How long <i>15 years</i>
Immediate <i>General weakness</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. W. Garrison</i>
	Address <i>Shaptown Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Cora Smullen

Town

County

Died at

Salisbury

Mccomie's

MARYLAND

Date  
of death

1908

Month

Nov

Day

17

Age

Years

14

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or ~~widowed~~Name of Wife or  
HusbandFather's  
Name

Ranall Smullen

Father's  
Birthplace

Md

Mother's  
Maiden Name

Leah J. Jenkins

Mother's  
Birthplace

Md

Name of person giving  
Information

L. E. Shuckley

How related  
to deceased

Brother-in-law

## CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

Primary

Scarlet Fever

How long

2 weeks

Immediate

Acute Diphtheria

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

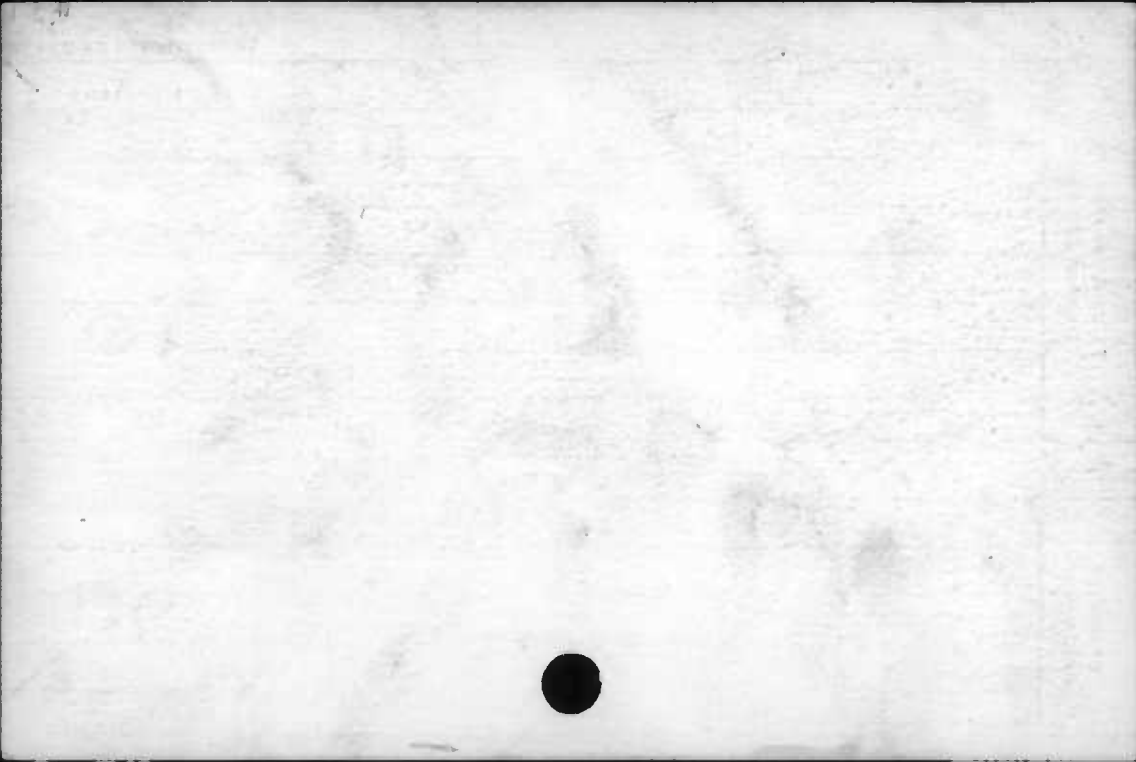
Signature of  
Physician

Address

Dr. Gardner  
Salisbury  
Md

Accident or Suicide

No



Name  
in  
Full

## CERTIFICATE OF DEATH

Louisa Townsend

Town

County

MARYLAND

Died at

Near Salisbury

Wicomico

Date

of death 1908

Month

Nov.

Day

16

Years

Age 42

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Piney Grove Md. Worcester Co.

Occupation

Housekeeper

Where Residing if not  
at place of death

Wicomico Co.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Edward Townsend

Father's  
Name

Not Known

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

" "

Name of person giving  
Information

John Boumbly

How related  
to deceased

None

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Don't know

Immediate

Infectious General Infection

How long

Several weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

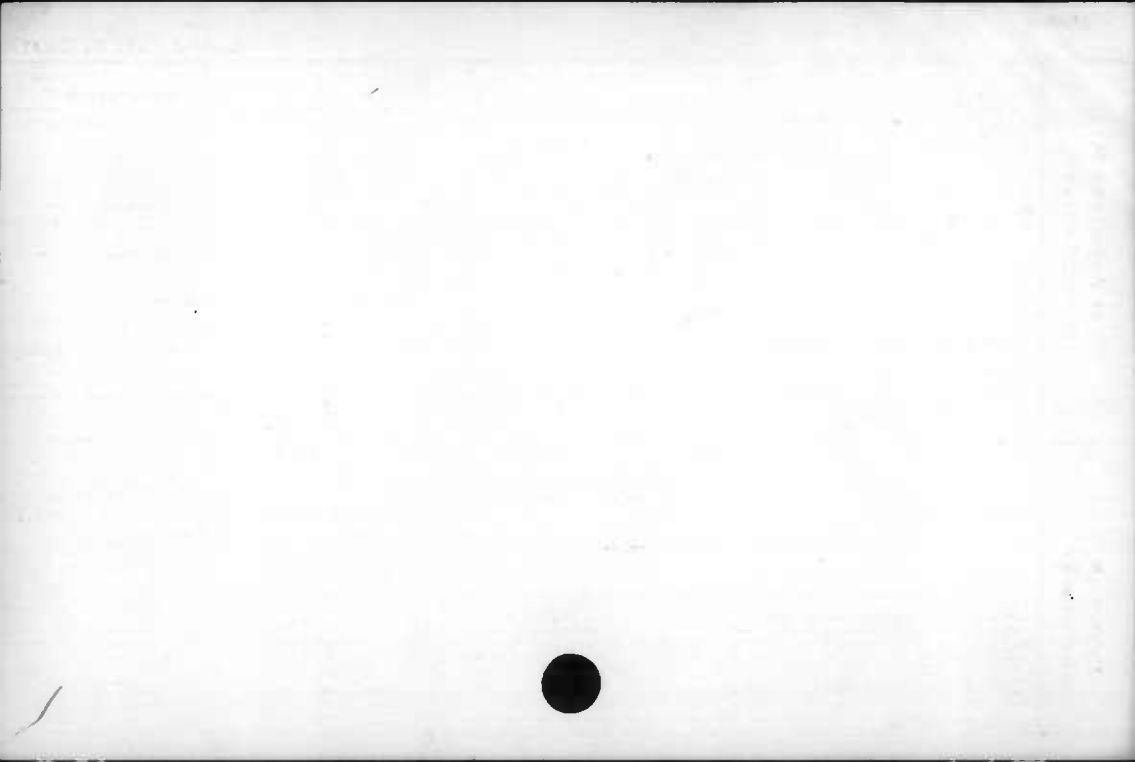
Signature of  
Physician

Address

Louis Williams M.D.  
Pulaski

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

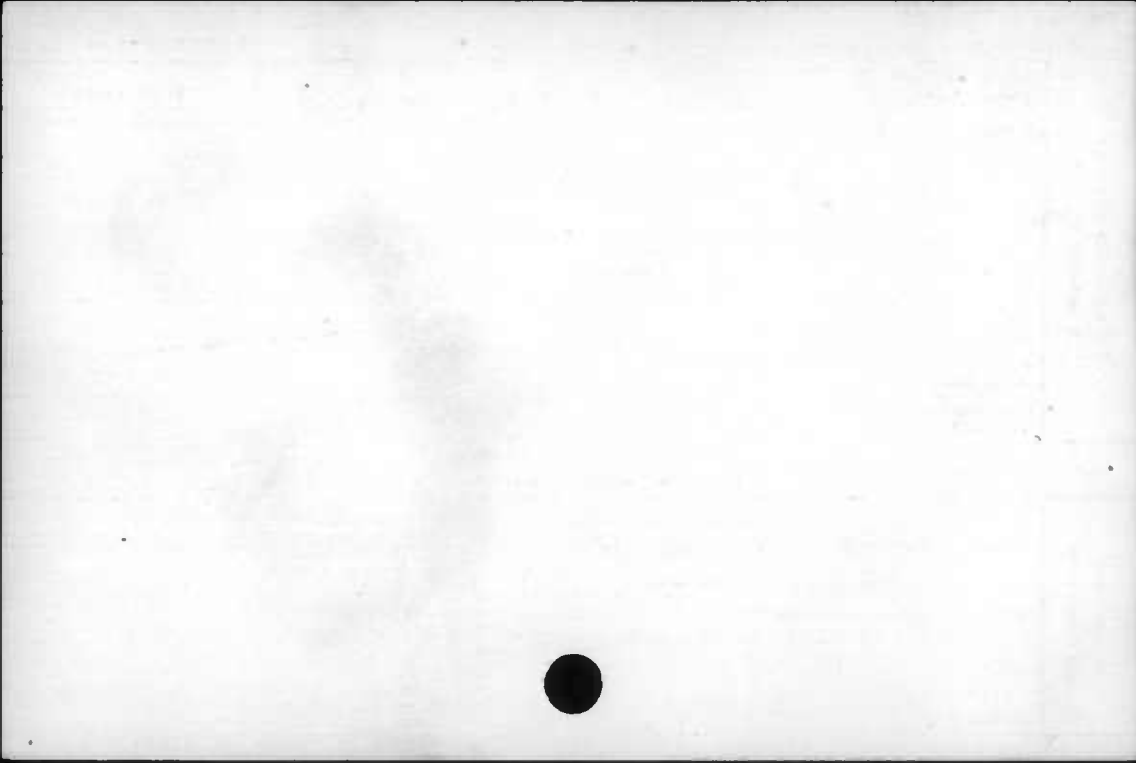
Name *Margaret E. Troupe* Town *Salisbury* County *Wicomico*  
Died at *Salisbury* Maryland  
Date of death 190 *8* Month *Nov* Day *6* Age *48* Years Months Days  
Sex *Female* Color or Race *White* Birth-place *Md*  
Occupation *Housework* Where Residing if not at place of death  
~~Married, Single or Widowed~~ Name of ~~Wife or~~ Husband *Harry Troupe*  
Father's Name *William C. Ruark* Father's Birthplace *Md*  
Mother's Maiden Name *Margaret Shuckley* Mother's Birthplace *Md*  
Name of person giving Information *Eva Culver* How related to deceased *Daughter*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Phthisis* How long *18 months*  
Immediate *Exhaustion* How long *5th day*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. B. Potter*  
Address *Salisbury*  
Accident or Suicide





Name  
in  
Full

Last Name Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County

Died at Salisbury, Maryland

Month Day Years Months Days

Date of death 1908 November 2 Age About 40

Sex Male Color or Race White Birthplace Not Known

Occupation Not Known Where Residing if not at place of death Not Known

Married, Single or Widowed Not Known Name of Wife or Husband Not Known

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information Miss Rose, Sepulchral Society How related to deceased Not Known

## CAUSES OF DEATH

Primary Not Known How long 1 Day

Immediate Not Known How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

This man was put  
on train down the  
road near Oisfield and  
was on a cot with  
tag attached to be  
brought to Salisbury  
When he was put off  
at Salisbury no one knew  
anything about him and the  
agent notified me and  
I had him sent to the  
Hospital and died before  
reaching there as he was  
unconscious and dying when  
received at the station here

CR Fruits M.D.